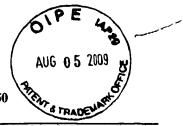
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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FINNEGAN, I LLP 901 NEW YOR	7590 05/06 HENDERSON, FA K AVENUE, NW		ETT & DUNNER her State addr trans	Certify that this es Postal Service with ressed to the Mail Service to the USPTO	icate of Mailing or Trans Fee(s) Transmittal is being h sufficient postage for firs top ISSUE FEE address 0 (571) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
WASHINGTON, DC 20001-4413				(Depositor's name)		
						(Signature)
				-		(Date)
APPLICATION NO.	FILING DATE	•	FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/658,261 09/10/2003			Adam L. Cohen		06530.0307	4026
TITLE OF INVENTION	I: FORCEPS AND COL	LECTION ASSEMBLY	WITH ACCOMPANYING	MECHANISMS AN	ID RELATED METHODS	S OF USE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/06/2009
EXAMINER ART		ART UNIT	CLASS-SUBCLASS	08/86/2009 LNGUYEN2 00000014 10658261		
LLOYD, EMILY M		3736	600-564000	01 FC:1	501	1519.99.00
1. Change of correspondence address or indication of "Fee Address" CFR 1.363).		n of "Fee Address" (37	2. For printing on the p	atent front page, list	1 FINNEG	AN, HENDERSON,
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	lication (or "Fee Address 02 or more recent) attack	"Indication form ned. Use of a Customer	registered attorney or a	gent) and the names of up to AND DUNNE meys or agents. If no name is 3		INNER, LLP
			THE PATENT (print or type			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Boston Scientific SCIMED, Inc. Maple Grove, Minnesota						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee	shown above)
☑ Issue Fee ☑ A check is enclosed.						
Publication Fee (1) Advance Order -	No small entity discount i	permitted)	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).			
			overpayment, to Depo	sit Account Number	06-0916 (enclose a	in extra copy of this form).
	ntus (from status indicate ns SMALL ENTITY state		Dh. Applicant is no lon	gar claiming SMAII	ENTITY status. See 37 C	EP 1.27(a)(2)
**						he assignee or other party in
interest as shown by the	records of the United Sta	ites Patent and Trademark	Office.			
Authorized Signature		/		Date Angi	63,721	
Typed or printed nam	e Paromita	Chatterjee		Registration No	. 63,721	
submitting the complete	a application form to the	e OSPIO. Time wili varv	depending upon the intaly	Muuai case. Any con	iments on the amount of th	d by the USPTO to process) ng gathering, preparing, and me you require to complete sartment of Commerce, P.O. for Patents, P.O. Box 1450,

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